

**UNDERTAKING**

To  
The Medical Superintendent  
Chacha Nehru Bal Chikitsalaya ,Geeta Colony,  
Delhi-110031.

1. Name of the Group and No. -----  
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-----Prop/Partner/Director/Authorized Signatory of M/s---  
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certify that I have gone through the terms and conditions mentioned and undertake to comply with them. The rates quoted by me are valid and binding on me if accepted for the duration contract period.

2. I, the undersigned hereby bind myself to Lt. Governor, Delhi for supply of various items to **Chacha Nehru Bal Chikitsalaya ,Geeta Colony, Delhi.**, during the period under contract period commencing from the date of award of rate contract and valid for one year.

3. That the articles shall be of the best quality and kind and as per requirement of the institution. The decision of the medical Superintendent, Chacha Nehru Bal Chikitsalaya ,Geeta Colony, Delhi. as regards to the quality and kind of articles shall be final and binding on me

4. Earnest Money deposited be me viz. \_\_\_\_\_ (Rs. \_\_\_\_\_) in the form of FDR only, in the Name of “Dean, Maulana Azad Medical College, New Delhi.” is attached herewith and shall remain in the custody of Medical Superintendent till the expiry of the tender or its rejection and I will not ask for refund of EMD during the validity of contract.

5. Should any delay occur on my part, I or my agent fail to supply the article at the appointed place and hour, the M.S. may purchase those from any other sources and deduct the amount if any, paid extra in connection therewith from the bills submitted by me or earnest money deposited by me.

6. The M.S. shall not be bound to take all or any of the article enumerated in the appendix in full / or even in part of the estimated quantity.

7. The conditions herein contained shall form part or and shall be taken as included in the agreement to be entered into or treated as agreement itself of the discretion of Medical Superintendent, **Chacha Nehru Bal Chikitsalaya ,Geeta Colony, Delhi.**

8. Should the said officer deem it necessary to change any article on its being found of inferior quality, it shall be replaced by me in time to prevent inconvenience.

9. I, hereby undertake to supply the items during validity of the tender as per direction given to supply order within stipulated period positively.

10. It is verified that prices quoted by me/us are lowest hospital rates/ Institutional rates and are not higher than the M.R.P/ Prevailing market rate. If it is found false, the firm shall be penalized or blacklisted.

11. I/We understand that it is my/our responsibility to provide warranty/Guaranty as per tender terms & conditions. And it is my/our responsibility to import/export, spares/replacements, repairable items-free of cost during the comprehensive warranty period.

12. I/We declare that my/our firm has not been blacklisted /debarred by any of the Govt. Hospitals/Institutions and there is no vigilance / CBI case or court case pending against the firm / supplier.

13. I/ We undertake that , for item of limited shelf life , in case the goods supplied by me / us are

not consumed within the shelf life period, the same will be replaced immediately by me / us .

14. I agree to accept the amount of the bill to be paid by the purchaser after completion of all codal formalities and should any amount of the bill found by the audit office or Govt. of Delhi to have been over-paid, the amount so found shall be refunded by me/us.

15. Certified that I/We have paid the Income Tax as assessed for the period ending.....

16. Certified that I/We have paid the Sales Tax as assessed for the period ending on.....and proof thereof is enclosed.

17. The firm will submit sample(s) as and when asked for and in the event of non-supply of samples by stipulated date the earnest money may be forfeited.

Signature of the tenderer

Stamp of the firm.

NOTE:

1. Undertaking as per above must be submitted only on non-judicial stamp papers of Rs.100/-(Rs. One Hundred) along with the tender.